MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/53?980**

APPLICANT(S)

FILING DATE **2 8 APR 2005**

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2				/			52						
3				/			53						
4				/			54						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		⬇	6	⬇		⬇	TOTAL IND.		⬇		⬇		⬇
TOTAL DEP.		⬅	11	⬅		⬅	TOTAL DEP.		⬅		⬅		⬅
TOTAL CLAIMS			17				TOTAL CLAIMS						